

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10/603953**  
APPLICANT(S)

FILED DATE

CLAIMS					
5-20-04		10-14-04		OTHER BUS	
INDEPENDENT		INTERDEPENDENT		INTERDEPENDENT	
IND	DEP	IND	DEP	IND	DEP
1	/	/	/		
2	/	/	/		
3	/	/	/		
4	/	/	/		
5	/	/	/		
6	/	/	/		
7	/	/	/		
8	/	/	/		
9	/	/	/		
10	/	/	/		
11	/	/	/		
12	/	/	/		
13	/	/	/		
14	/	/	/		
15	/	/	/		
16	/	/	/		
17	/	/	/		
18	/	/	/		
19	/	/	/		
20	/	/	/		
21	/	/	/		
22	/	/	/		
23	/	/	/		
24	/	/	/		
25	/	/	/		
26	/	/	/		
27	/	/	/		
28	/	/	/		
29	/	/	/		
30	/	/	/		
31	/	/	/		
32	/	/	/		
33	/	/	/		
34	/	/	/		
35	/	/	/		
36	/	/	/		
37	/	/	/		
38	/	/	/		
39	/	/	/		
40	/	/	/		
41	/	/	/		
42	/	/	/		
43	/	/	/		
44	/	/	/		
45	/	/	/		
46	/	/	/		
47	/	/	/		
48	/	/	/		
49	/	/	/		
50	/	/	/		
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
71					
72					
73					
74					
75					
76					
77					
78					
79					
80					
81					
82					
83					
84					
85					
86					
87					
88					
89					
90					
91					
92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.	1	1	1		
TOTAL DEP.	1	1	1		
TOTAL CLAIMS	2	2	2		